ABSTRACTS

EAR.

The Use of Penicillin in Diseases of the Ear. CAPTAIN CLIFFORD A. SWANSON M.C. (U.S.N.), LIEUTENANT D. E. BAKER, JR., M.C. (U.S.N.R.) Jour.

A.M.A., November 4th, 1944, cxxvi, 10.

Infectious diseases of the ear can be effectively treated with penicillin because the anatomic structure of the ear permits the local administration of the drug and because the organisms causing most acute ear infections are in the group considered to be susceptible to the drug. In this study the drug was given either by continuous intravenous injection, intramuscular injection or local instillation.

The drug will not prevent mastoiditis but when surgical intervention is necessary the operation has been supplemented by local instillation of the drug into the mastoid cavity using Florey's method. In 22 mastoid patients the ear became dry in five days and primary healing resulted in 19 patients.

In chronic otitis media penicillin is used locally and forced into the middle ear by means of the pneumatic otoscope. Two cases of chronic otitis media were successfully treated by this method but several others did not respond satisfactorily.

The article has a table and six illustrations.

ANGUS A. CAMPBELL.

MISCELLANEOUS.

Penicillin Treatment of Cavernous Sinus Thrombosis. VICTOR GOODHILL, M.D. (Los Angeles). Jour. A.M.A., May 6th, 1944, cxxv, 1.

The writer reports the case of a 5-year old boy with acute fulminating bilateral cavernous sinus thrombo-phlebitis and with a positive blood culture yielding hæmolytic *Staphylococcus aureus*. This followed furunculosis of the central part of the forehead.

The patient was treated with sulphathiazole and heparin for a week during which time the disease progressed rapidly. With penicillin treatment there was an apparent dramatic response and within seven days the child became afebrile although the blood culture still remained positive. At the end of the second week with penicillin the patient was able to leave the hospital.

The article is illustrated.

ANGUS A. CAMPBELL.

Cold Vaccines and the Incidence of the Common Cold. LEMUEL C. MCGEE, M.D. (Wilmington, Del.), J. E. ANDES, M.D. (Morgantown, W. Va.), C. A. PLUME, M.D. (Succasunna, N.J.) and S. H. HINTON, M.D. (Parlin, N.J.). Jour. A.M.A., February 26th, 1944, cxxiv, 9.

This study concerns the administration of cold vaccines to men and women between the ages of 19 and 68. It covers the October to April period of 1941-42 and 1942-43. Five geographical locations are represented.

233

Abstracts

Prophylactic medicines used represented two cold vaccines for hypodermic use and three for oral use. No effort was made to use vaccine for treatment of the acute cold. Subjects were selected at random and control studies included the use of placebos orally and subcutaneously.

No clearly evident protection against the common cold and its related acute respiratory infections could be demonstrated by this clinical trial.

The article has a table and a bibliography.

ANGUS A. CAMPBELL.

Uses of Penicillin in Diseases of the Nose and Throat. CAPTAIN F. T. PUTNEY, M.C. (A.U.S.). Jour. A.M.A., November 4th, 1944, cxxvi, 10.

The writer used penicillin combining local and systemic administration in overwhelming infections and complications of ear, nose and throat diseases when life had been endangered. Acute conditions have afforded the most gratifying results while in chronic diseases the response has been hard to evaluate.

In osteomyelitis of the skull penicillin has not supplanted surgical procedures but helps materially in combating the disease. The optimum time for operative measures in acute spreading osteomyelitis is during the period in which the infection has been checked by penicillin. Brain abscess, extradural abscess and orbital cellulitis have occurred as complications of osteomyelitis without apparent bearing on the response to the drug. In chronic osteomyelitis of the frontal bone it is possible to obtain healing under penicillin therapy without resorting to extensive surgery and a thorough trial of penicillin lasting over several months may be necessary.

ANGUS A. CAMPBELL.

234